October 2005

Nevada State Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

555 Double Eagle Ct, Suite 1100, Reno, NV 89521-2957
www.state.nv.us/pharmacy

Board Members

Joseph R. Kellogg, RPh, Henderson ..... President
Michael A. Triolo, RPh, Elko..... Treasurer
Raymond J. Seidlinger, RPh, Las Vegas.... Board Member
Leo Basch, RPh, Las Vegas ..... Board Member
Kathryn Craven, RPh, Las Vegas..... Board Member
J. David Wuest, RPh, Reno..... Board Member
Ann Peterson, Reno ..... Board Member

Schedule of 2005 – 2006 Board Meetings

2005

October 26-27 ..... Las Vegas
December 7-8..... Reno

2006

January 11-12..... Las Vegas
March 1-2..... Reno
April 19-20..... Las Vegas
June 7-8..... Reno
July 19-20..... Las Vegas
September 6-7 ..... Reno
October 25-26 ..... Las Vegas
December 6-7..... Reno

Pharmacists' Licenses Expire October 31, 2005

All pharmacists' license renewal forms must be postmarked (evidenced by the United States Postal Service, not a postage metering device) by October 31, 2005. Pharmacy managers must assure their personnel have current licenses and that they are posted. Licenses may be verified on the Nevada Board of Pharmacy Web site at www.state.nv.us/pharmacy by clicking on the Licensee Verification tab and entering the five-digit registration number in the "file number" field only. It is very important to search by the number as that is your best search option. A license may be renewed online with a credit card at the same address as well. If a renewal form is deficient when submitted it will be returned and not considered received until it is correct. Late fees will be imposed for anyone who misses the October 31, 2005 deadline and could include possible Board action for those pharmacists who work without a validly renewed license.

Legislative Mandate – Senate Bill 163

A legislative bill recently enacted brings a significant consequence upon pharmacists and licensees of other professions.

When a regulatory board initiates a disciplinary proceeding, the licensee shall, within 30 days after notification, submit to the regulatory body (read: Board of Pharmacy) a complete set of his or her fingerprints and written permission authorizing the regulatory body to provide the document to the Central Repository for Nevada Records of Criminal History for submission to the Bureau of Investigation. Failure to be fingerprinted constitutes additional grounds to take disciplinary action against a licensee. The omnibus bill of 156 pages provides the same requirement for all of Nevada's occupational licensing boards, so pharmacists have not been singled out. The reasoning for the fingerprint requirement is unknown to the Board of Pharmacy office.

Transfer of Prescriptions

Some relatively small actions can result in significant reactions. A pharmacist, for reasons unknown, refused to transfer a prescription for a patient. The patient felt the refusal was arbitrary, and contacted her legislative representative complaining of the refusal. For the sake of one constituent, an amendment (Section 95.5) of Senate Bill 163 was successfully adopted

Continued on page 4

DEA Amends Rule for Reports of Theft or Significant Loss of Controlled Substances

Drug Enforcement Administration's (DEA) amended regulations regarding reports by registrants of theft or significant loss of controlled substances became effective September 12, 2005. Changes were made to the regulations, found in Title 21 of the Code of Federal Regulations, Part 1300 to 1399, due to confusion as to what constitutes a significant loss and when and how initial notice of a theft or loss should be provided to DEA. Specifically, DEA made changes in order to clarify the exact meaning of the phrases "upon discovery" and "significant loss."

Regarding the timing of initial theft or loss reports, DEA inserted the word "immediately" before the phrase "upon discovery." While DEA Form 106 is not immediately necessary if the registrant needs time to investigate the facts surrounding a theft or significant loss, he or she should provide, in writing, initial notification of the event. This notification may be a short statement provided by fax. DEA notes that faxing is not the only method a registrant may use, but that the notification should be in writing. If the investigation of a theft or significant loss lasts longer than two months, registrants should provide updates to DEA.

To help registrants determine whether or not a loss is "significant," DEA has added to the rule a list of factors to be considered. DEA recognizes that no single objective standard can be applied to all registrants – what constitutes a significant loss for one registrant may be construed as comparatively insignificant for another. If a registrant is in doubt as to whether or not the loss is significant, DEA advises the registrant to err on the side of caution in alerting the appropriate law enforcement authorities.

Regarding "in-transit losses of controlled substance," DEA intends that all in-transit losses be reported, not just significant losses; therefore, the text is being amended to reflect this.

Changes to the regulations were reported in the August 12, 2005 edition of the *Federal Register*.

FDA Releases Update on Combating Counterfeit Drugs

Food and Drug Administration (FDA) recently released "Combating Counterfeit Drugs: A Report of the Food and Drug Administration Annual Update (Update)." This Update follows up on the agency's initial February 18, 2004 report addressing counterfeit drugs. Since the 2004 report, which identified measures that can be taken to better protect Americans from counterfeit drugs, FDA has worked with manufacturers, wholesale distributors, pharmacies, consumer groups, technology specialists, standard setting bodies, State and Federal agencies, international governmental entities, and others to advance the measures outlined in the 2004 report such as the development and implementation of electronic product codes and radio frequency identification. In its 2005 Update, FDA notes that significant progress is being made in securing drug products and packaging, securing the movement of the product, enhancing regulatory oversight, increasing penalties for counterfeiters, heightened vigilance and awareness of counterfeits, and increasing international collaboration. However, more work needs to be done to further secure the United States' drug supply.

In 2004, FDA's Office of Criminal Investigations initiated 58 counterfeit drug cases, a significant increase over the 30 cases in 2003; however, the agency notes that this is likely due to increased vigilance. FDA also states that most of the suspect counterfeits discovered in 2004 were found in smaller quantities than those found in 2003.

The Update reviews steps taken and future actions required for track-and-trace technology, authentication technology, regulatory oversight and enforcement (electronic pedigree), state efforts, secure business practices, heightened vigilance and awareness, counterfeit alert network, and education. The full Update can be accessed at www.fda.gov/oc/initiatives/counterfeit/update2005.html.

"Fax noise" = Medication Errors in the making

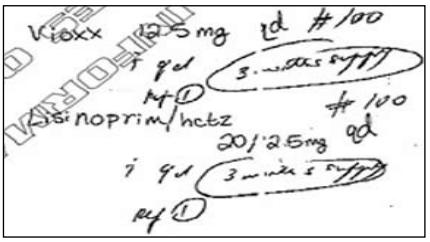
This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that works closely with United States Pharmacopeia (USP) and FDA in analyzing medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, then publishes its recommendations. If you would like to report a problem confidentially to these organizations, go to the ISMP Web site (www.ismp.org) for links with USP, ISMP, and FDA. Or call 1-800/23-ERROR to report directly to the USP-ISMP Medication Errors Reporting Program. ISMP address: 1800 Byberry Rd, Suite 810, Huntingdon Valley, PA 19006. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

Problem: Most health care practitioners would agree that fax machines have facilitated communication of prescriptions. But there are inherent problems associated with this technology. In fact, an article in the *Journal of Managed Care Pharmacy* found that prescriptions received by fax required a greater number of clarification calls than those received by other methods of communication.[1] ISMP received a report from a long-term care facility about a patient who had been

receiving **Neurontin**® (gabapentin) 600 mg TID [three times a day]. However, an order had been faxed to the pharmacy to change the Neurontin dose to "**300 mg** 1 tab QID [four times a day]." The change was made and the new dose was sent to the facility. Later, when the pharmacist received the original order from the long-term care facility and compared it with the faxed copy, he realized that the physician had actually requested a change to "**800 mg** 1 tab QID." The left side of the order had been cut off during the fax transmission, making the "8" look like a "3." Fortunately, since the pharmacist had been sent the original order for comparison, he quickly realized the mistake. Unfortunately, not all pharmacies receive the original prescription for comparison purposes.

In another report received by ISMP, a faxed prescription was received at a pharmacy for what appeared to be **Monopril**® (fosinopril) **10 mg** #90 one tablet daily. Despite the fact that the fax machine created a definite vertical streak that ran between the drug name and the strength, the pharmacist felt confident in her interpretation of the prescription. Unfortunately, it was later discovered that the prescription was actually for **40 mg**. The streak had run through the "4" in 40 mg, making it look like 10 mg instead.

The following prescription (see image below) was faxed to a mail-order pharmacy. Look at the bottom order for "Lisinopril/hctz." (Note: ISMP does not condone the use of the abbreviation "hctz.") The pharmacist interpreted this order as "20/25 mg." But what the prescriber had actually written was "20/12.5 mg." A subtle vertical gap in the faxed copy (which can be seen "breaking" the circles around "3 months supply") had obliterated the "1" in 12.5. In addition, the pharmacist reading the order had misinterpreted the decimal point as one of many stray marks on the faxed prescription.



Safe Practice Recommendations: "Fax noise" (the random marks and streaks on faxes) is an inherent problem with this form of communication, which may be more common in old or poorly maintained fax machines. Usually, fax noise is just an inconvenience. In the case of prescriptions, however, there is a very real chance that a patient could be harmed by misinterpretations caused by fax noise. To manage this risk, safeguards should be instilled into the fax process. Such safeguards include a careful review of all prescriptions received by fax for fax noise. If the transmission has fax noise in the area of the order, the prescriber should be contacted to confirm the prescription. Whenever possible, compare the faxed order against the original prescription. Prescribers should consider giving a copy of the prescription to the patient to present at the pharmacy for verification. To prevent confusion or duplication of the prescription at a different pharmacy, the copy could be stamped with a statement such as "Verification Copy ONLY" to indicate that the prescription was already faxed to a particular pharmacy. Maintenance should be regularly scheduled for fax machines on both the sending and receiving end. If maintenance fails to improve fax quality, the machine should be replaced.

[1.] Feifer RA et al. Mail-order prescriptions requiring clarification contact with the prescriber: prevalence, reasons, and implications. *JMCP* 2003;9:346-352.

December 2005 FPGEE Date and Locations Announced

On December 3, 2005, NABP will again administer a paper-and-pencil Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®). The examination is being offered at three United States locations: Northlake (Chicago area), IL; New York, NY; and San Francisco, CA. Candidates who have been accepted to sit for the December 3, 2005 administration were mailed their admission tickets in early fall.

To prepare for the December examination, candidates may take the Pre-FPGEE®, a Web-based practice examination for the FPGEE. The practice examination is accessible at www.nabp.net and www.pre-fpgee.com.

For more information on the FPGEE, visit NABP's Web site at www.nabp.net.

2006 Survey of Pharmacy Law

NABP's *2006 Survey of Pharmacy Law* CD-ROM will be available in late November 2005. New topics include the number of wholesale drug distributors and laws and/or regulations concerning the sales of over-the-counter pseudoephedrine, and information concerning emergency contraception.

The *Survey* consists of four sections: organizational law, licensing law, drug law, and census data. Most charts specify terms that can be used when conducting searches on NABP's NABPLAW® Online state pharmacy law and rules database. The *Survey* can be obtained for $20 from NABP by downloading the publication order form from www.nabp.net and mailing in the form and a money order to NABP. The CD-ROM is provided free of charge to all final-year pharmacy students through a grant from AstraZeneca Pharmaceuticals. If you do not have Web access or would like more information on the *Survey*, please contact NABP at 847/391-4406 or via e-mail at custserv@nabp.net.

Continued from page 1

making the transfer of a prescription mandatory, not permissive as has been in the past.

Effective October 1, 2005, the bill provides that "upon a request of a patient, a registered pharmacist shall transfer a prescription for the patient to another registered pharmacist." The bill does not authorize or require a pharmacist to transfer a prescription in violation of any law or regulation of the state or federal government or any contract for payment by a third-party if the patient is a party to that contract.

Hello Automation – Goodbye Pharmacy Services

The cry to install automated, self-service prescription delivery devices (essentially drug dispensing ATMs) will soon be heard again in Nevada. A state contiguous to Nevada is considering a regulation that would allow an automated device to be used when:

1. Dispensed prescriptions of refilled orders do not need patient counseling by the pharmacist.
2. The delivery device is used for refill prescriptions only.
3. Patients choose to use the automated device.
4. The device is secure from access and removal by unauthorized persons.
5. The pharmacy is responsible for prescriptions stored in the device.
6. The pharmacy provides the patient the opportunity for a consultation if requested.
7. The device is located adjacent to the pharmacy premises.

The public notice provided, "The use of self-service automated delivery devices has raised concerns among some pharmacists who see the machines being used to replace pharmacists and to reduce the patient pharmacist consultations."

The board of pharmacy in the contiguous state has addressed these concerns at public meetings and believes that the use of self-service automated delivery devices will provide consumers with greater access to picking up their refill prescriptions, by allowing access both during regular pharmacy hours and when a pharmacy is closed.

Should this type of device be adopted in other jurisdictions, it will soon be requested in a pharmacy near you.

Reminder Regarding Optometrist Prescribing

As a brief reminder, optometrists in Nevada are allowed to prescribe four classes of prescription drugs: (1) topical medications for the eye; (2) oral antibiotics; (3) oral medications for allergies that do not contain steroids; and (4) analgesics of hydrocodone with compounds, codeine with compounds, or propoxyphene with compounds.

The *Nevada State Board of Pharmacy News* is published by the Nevada State Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote voluntary compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of the Foundation or the Board unless expressly so stated.

Keith W. Macdonald, RPh - State News Editor

Carmen A. Catizone, MS, RPh, DPh - National News Editor & Executive Editor

Larissa Doucette - Editorial Manager

NEVADA STATE BOARD OF PHARMACY

National Association of Boards of Pharmacy Foundation, Inc
1600 Feehanville Drive
Mount Prospect, IL 60056

Presorted Standard
U.S. Postage
PAID
Chicago, Illinois
Permit No. 5744